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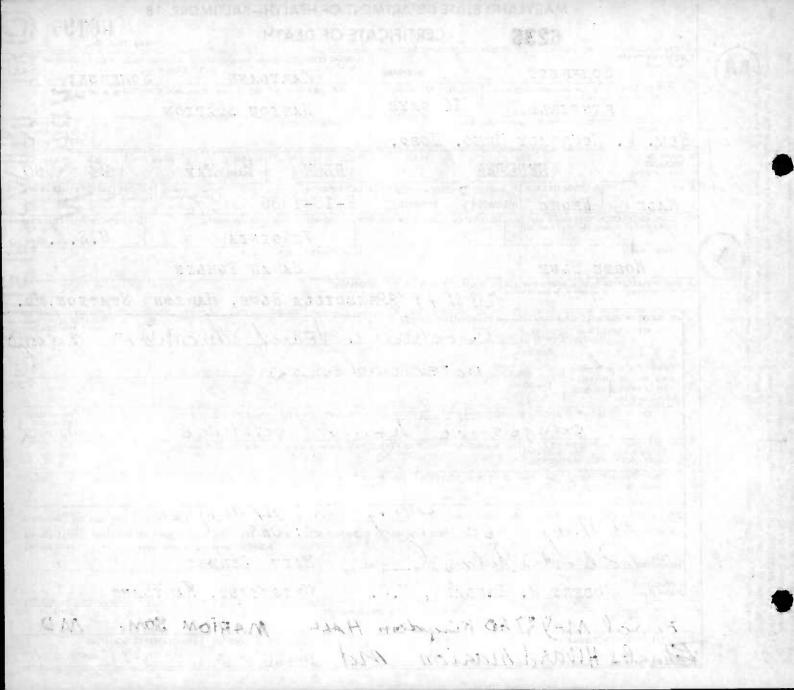
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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10 VS A15 (4) 15M 9/5B

06197 Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) SOMERSET c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Year 60 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. STATION, MD. INTERVAL BETWEEN ONSET AND DEATH de PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote) Altram the causes and on the date stated above. ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, or county) (Stote) 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Tollan S. Kraus DATE MAY 3 1 '60



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6237 CERTIFICATE OF DEATH

06198

	UNU	<u> </u>				Keg. Dist.	140.
1. PLACE OF DEATH  o. COUNTY  Somerse	et	MA	RYLAND	2. USUAL RESIDENCE (WI o. STATE Marylan	nere deceased lived. If institution b. COUNTY		
b. CITY OR TOWN (If a RURAL ond give near Upper Fa.	rest town)	write c. LENGTH OF STA		1 /	outside corporate limits, write  Fairmount	RURAL ond giv	re nearest town)
d. NAME OF HOSPITAL OR INSTITUTION	L (If not in hospital, give	e street oddress)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Vivian	Midd Gibbons		atlin	4. DATE OF MAY	Nonth 26	Day Year 1960
5. SEX female	6. COLOR OR RACE 7	MARRIED NEVER MAR		Jan. 17. 199	9. AGE (In year lost birthday	,	YEAR IF UNDER 24 HRS. Tays Hours Min.
10a. USUAL OCCUPATION during most of workin	(Give kind of work doing life, even if retired)	ne 10b. KIND OF BUSINESS	OR INDUST	Cokesbury		U.S	EN OF WHAT COUNTRY
, FATHER'S NAME	GHBL-Chr.	3-10-15		14. MOTHER'S MAIDEN			
	oins		74	Ida Parke			
15. WAS DECEASED EVER (Yes, no. or unknown) (If	IN U. S. ARMED FORCE yes, give war or dates of serving.			FORMANT  d Herschel	Catlin Upp	er Fai	rmount, Md
Conditions, if ony gave rise to imm cate (o), stoting the lying couse lost.	MAS CAUSED BY:  MMEDIATE CAUSE (o)  DUE TO  (b)  mediate e under:  Columnia   Columnia		leros	sis of kidr			onset and death 2 months years
diabet	is, cerel	TIONS CONTRIBUTING TO DESCRIBE HOW INJURY	ar ac	cident		GIVEN IN PART	PERFORMED? YES NO
	CAUSE OF DEATH (EDICAL EXAMINER)  Month, Day, Year 19	20d. INJURY OCCURRED White Not white of work of work	20e. PLA foct	CE OF INJURY (Home, form ory, street, office bldg., etc.	20f. (City or town)	(Co	unty) (State)
	26-60 ZVLNEU	deceased from 6- , 12 , and the C.SutterMD	at death	accurred at 7:30	5-26-60, 19 PW, fram the cause: ADDRESS (Street, city or tov	and an the	
220. BURIAL, CREMATION REMOVAL (Specify) burial	226. DATE THEREOF 5-29-60	22c. NAME OF CE St. And		CREMATORY Cometery	22d. LOCATION (City, fow Princess A		(Stote)
23. FUNERAL DIRECTOR'S	11./1	ADDRESS Princess Ar	me.	240. REC'		GISTRAR'S SIGN	

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUN. I DIRECTOR: After this certificate has been signed by the attending physician and completely fit in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. TO FUN VS A15 (4) 15M 9/55

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MARY LAND STATE DEPARTMENT OF HEALTH-RALTIMORE

ADDRESS

06199

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO TO

(Stote)

6 da

(County)

24b. REGISTRAR'S SIGNATURE

24a, REC'D BY REGISTRAR

MAY 1 6 '60

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

ON A FARM?

YES NO A

Year

19 60

SOMERSET

Day

TO FUN VS A15 (4) 15M 9/5B

FUNERAL DIRECTOR'S SIGNATURE

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		THE RESERVE OF SHARE STATE OF SHARE SHARE STATE OF SHARE SHA	that server		
		THE PERSON NAMED IN COLUMN	that server		

# FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the errol director. Page 4 ships to forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be to need for your files. TO FUNEXAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, or its designated agent, prior to burial, cremotion, ar remakel, and in any one within 72 hours after death.

VS. ATSME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6232

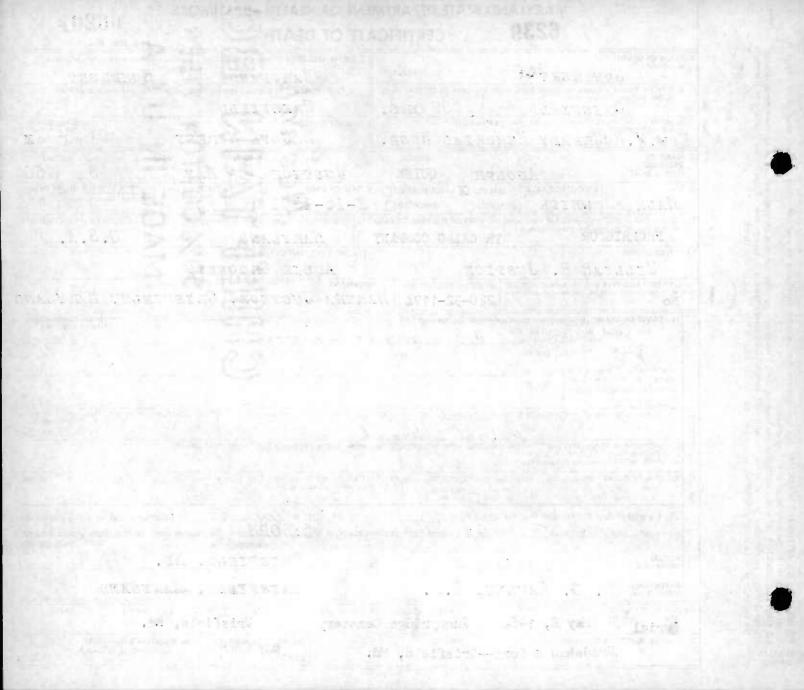
MEDICAL EXAMINER'S CERTIFICATE	
	Reg. Dist. No.

. ,		2. USUAL RESIDENCE Where deceased lived. If institution: Residence before admission of STATE b. COUNTY SOMETHER
	6	CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  COMM give nearest form)  COMM (If outside corporate limits, write RURAL ond give nearest town)
	d	I. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address)  1. STREET ADDRESS  ON A FARM?  YES \( \sigma \)  ON A FARM?  YES \( \sigma \)  NO \( \sigma \)
	- 1	NAME OF DECEASED Type or print)  Carl Jones 4. Date OF DEATH May 4 1960
	5. S	NTO NORTH WINDWEDT VOLVORCEDT March 15. 1900 Hours Min.
	5	USUAL OCCUPATION (Give king of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) uring most of working life even of relied) Rayood Worker  Deal Island, Md., 22. CITIZEN OF WHAT COUNTRY?  Deal Island, Md., 22. CITIZEN OF WHAT COUNTRY?
	(	Farfield Jones Frances Jones
)	15. [Yes.	Was DECBASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO. 11 yes, give war or dates of service) 222-65550 Elsie Hall Jones_715 Broadway-Crisfield
	Z	18. CAUSE OF DRATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  DUE TO  Conditions, if any, which (b) DUE TO  DUE TO  Consisting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIFTH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) 19. WAS AUTOPSY
	CERTIFICATION	A ON SALVANDERSEL ON SALVANDERSEL ON SALVANDERSEL
		CAUSE OF DEATH.
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40c. PLACE OF INJURY (Home, John 20t. (City of lown) 4 (County) (State) 4 (County) 4 (County) 4 (County) 5 (City of lown) 5 (City of lown) 6 (County) 5 (City of lown) 7 (County) 7 (County) 7 (County) 7 (County) 8 (County) 8 (County) 8 (County) 9 (Cou
		21. I certify that I took charge of the remains described abave, held an Autapsy [], Inspection [], Inquiry [], and in my
		ACTUAL SIGNATURE : Natural causes A Accident , Suicide , Hamicide , Undetermined manner    ACTUAL SIGNATURE : May 5 th DATE SIGNED  EXAMINER'S NAME (Type)  DEPUTY MEDICAL EXAMINER
	220	BURIAL CREMATION. 22b. DAYE THEREOF 60 John Wesley Deal Bland, Som. Co. Md.
	23.	EUNERAL DIRECTOR'S SIGNATURE  HOLOR HUMAN STANDARD STANDA

	MARK LETTER HEROT TREMTONALIGE FATE OF ANY SEATER	
MINNS TO THE	MEDICAL EXAMINER'S CERTIFICATE DET	
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and the second	HE SOUND TON WAY A CONTRACT OF THE SECOND OF	3.8
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ours after death. Page 4

	6239	CERTIFIC	ATE OF DEATH		(16201 Reg. Dist. No.
. PLACE OF DEATH	OMER SE T	MARYLAND	o. STATE	ere deceased lived. If insti b. COUN	tution: Residence before admission)  TY SOMERSET
RURAL ond give r	(If outside corporate limits, write nearest town) RISFIELD	c. LENGTH OF STAY IN 16	130 ~	utside corporate limits, writ $FIELD$	e RURAL and give nearest town)
d. NAME OF HOSP	TAL (If not in hospital, give street CCREADY MEM		d. STREET ADDRESS 2 Col	VE STREET	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	First ADOL	Middle QUINN	JUSTICE	4. DATE OF DEATH MAY	Month Day Year 5 1960
MALE		ARRIED MEVER MARRIED DIVORCED	8. DATE OF BIRTH 2-16-1901	9. AGE (In yellost birthdo	ars IF UNDER 1 YEAR IF UNDER 24 HR y) Months Days Hours Min.
06. USUAL OCCUPATION of WORLD	rking life, even if retired)	06. KIND OF BUSINESS OR INC	36		12. CITIZEN OF WHAT COUNTRY U. S. A.
	IAM B. Jusi	CICE	14. MOTHER'S MAIDEN N	ame Crockett	
S. WAS DECEASED EV	ER IN U. S. ARMED FORCES?  If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 220-32-1174	INFORMANT MARTHA JUST	-	Address FIELD, MARYLAN
Conditions, if a gove rise to couse (o), stoting lying couse lost.	the under- (c)	NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPS
OR CONTRIBUTING	AS UNDERLYING [ 20b. C C AUSE OF DEATH F MEDICAL EXAMINER)	bral thras	uboxix RED. (Enter noture of injury in P	ort I or Port II of item 18.)	PERFORMED? YES NO
) [(IF EITHER, NOTIF)	RY Month, Doy, Year 20c	J. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stot
	Wh.	ile Not while work ot work	foctory, street, office bldg., etc.		
20c. TIME OF INJU Hour o. m. p. m.	Wh.	eased fram	foctory, street, office bldg., etc.	ay 5 , 19 (	and an the date stated abov wn, state) DATE SIGNI
20c. TIME OF INJU Hour o. m. p. m. 21. I certify the alive an	hat I attended the dece may 5. 19 CIR Curl C. G. RAWLE	eased fram	foctory, street, office bldg., etc.  19 5 to 20  th accurred at 5:20  M.D. CRI  CRI	Maram the causes ADDRESS (Street, city or to	D. ARYLAND
20c. TIME OF INJU Hour o. m. p. m.  21. I certify the alive an	that I attended the december 19 Who the May 5 , 19 CLAR CLUB C. G. RAWLE DN, 22b. DATE THEREOF	eased fram	th accurred at 5:20  M.D. CRI  OR CREMATORY	Maram the causes ADDRESS (Street, city or to	and an the date stated abov wn, stote)  D.   ARYLAND  (Stote)



VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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6240 CERTIFICATE OF DEATH

06202

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1. PLACE OF DEATH o. COUNTY					O. STATE			d lived. If instituti		nce befare	admiss	ion)
	merset			YLAND	M	aryla	ind	0. COUNT	Som	erse	t	
b. CITY OR TOWN RURAL ond give r	(If outside corporate limits, nearest town)	write	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (If or	utside corpo	prote limits, write R	URAL ond	give near	est town	)
Rural - W	estover		10 year	rs	× R	ural	- We	stover				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, giv	e street o	oddress)		d. STREET	ADDRESS	1500			e.	IS RES	IDENCE FARM?
	RFD 1				R	FD 1						NO 🗌
3. NAME OF DECEASED	First		Middle		lo	ist	4. DATE	Mon	th	Day	١	Yeor
(Type or print)	LEAH		**-	K	IRKWOO	D	OF DEATH	May		8	1	19 60
5. SEX	6. COLOR OR RACE	MARRI	ED NEVER MARR	ED 🔲	8. DATE OF BIRT	ГН		9. AGE (In years		1 YEAR I		
Female	Negro	VIDOWE	DIVORCE	D	May 3,	1890		Jost birthdoy)	Months	Doys	Hours	Min.
100. USUAL OCCUPATI	ON (Give kind of work do king life, even if retired)	ne 10b. 1	CIND OF BUSINESS C	OR INDU	STRY 11. BIRTHP	LACE (Stote o	or foreign o	ountry)	12. CI1	IZEN OF	WHAT	COUNTRY
Housewif						Mary	land			USA		
13. FATHER'S NAME					14. MOTHER	S MAIDEN N.	AME		1			
	unknown					unk	nown					
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE		OCIAL SECURITY NO	). 17. 1	NFORMANT			Add	ess			
NO NO	(If yes, give war or dates of serv	ice)	None	Ga	rdner	Kirkw	food.	RFD 1.	Wes	tove	r.	Md.
18. CAUSE OF DE	ATH [Enter only one cous	e per lin	e for (a). (b). and (c)									TWEEN
	ATH WAS CAUSED BY:	/	PARCIN		20-00					ONSE.	TAND	DEATH
pd.	IMMEDIATE CAUSE (o)_		, , , , , , , , , , , ,	, 0,,,	17 7 03	13					21	MONS
Conditions, if a gove rise to couse (o), stoting lying couse lost.	immediate (	/	PRIMAR	y C	ARCIA	OMA	OF	BLAD	DER	2	YE	ARS
_	HER SIGNIFICANT CONDI	TIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 19.	WAS A	AUTOPSY
PART II. OT											PERFO	RMED?
20a, ACCIDENT W	AS UNDERLYING 2	0b. DESC	RIBE HOW INJURY C	CCURRE	D. (Enter nature o	of injury in P	ort Lor Por	t II of item 18.1			LES []	NO LO
OR CONTRIBUTING	MEDICAL EXAMINER)											
		20d. IN	JURY OCCURRED	20e. PL	ACE OF INJURY	(Home, form.	20f. (City	or town)	- 11	County)		(Stote)
Y 20c. TIME OF INJUI Hour o. ji.	19	While of work	_ Not while_	foo	ctory, street, offic	e bldg., etc.)	,	01 101111	,	_oomy)		(31016)
				77			7-/52					
21. I certify t	hat attended the a	lecease		<u> </u>	, 19 🖎	, ta	3/8		,that I			
alive on	10	, 12 4	, and that	death	accurred at			n the causes a		he date	state	d abav
	10 892		01			7 . A	na.	treet, city or town,	stote)		04	TE SIGNE
SIGNATURE	, O. Has	m	econ		M.D	121	MAK	KET -	7.		3/	7/6
PHYSICIAN'S NAME (Type)	C. STANI	FOR	D Hami	470	V	oco,	mok	E CIT	7,	MO		
220. BURIAL, CREMATIC	ON, 226. DATE THEREOF		22c. NAME OF CEM	ETERY X	MANUEL		22d. LOCA	TION (City, town, o	or county)		(Stote	)
Bur 1a1 Specify	May 11,	60	Tindly'	s C	hapel		Rura	1 Pocomo	oke (	City		fd -
23. FUNERAL DIRECTOR	S SIGNATURE	7	ADDRESS			24a. REC'D				SNATURE	1	
Takes & X	1. Walsa	21	Pocomok	e Ci	ty Ma	DATE MA	Y 12'E	60 un	ilun S.	Thank	1	

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**CERTIFICATE OF DEATH** 

06203 Reg. Dist. No.

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1. PLACE OF DEATH o. COUNTY SOIT	erset		MARYLANI	2.	o. STATE Ma	ryla.	here deceased nd	lived. If instituti b. COUNTY			mission)
RURAL and give n	If outside corporate limi earest town) OMOKE Cit		c. LENGTH OF STAY IN 18	)	c. CITY OR	IOWN (III d	outside corpori	oke Cit	URAL ond g		lown)
	TAL (If nat in hospital, g	W		1	d. STREET A			ORE OIL	o y	0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fir NOA		Middle W	мс	GEE,	t	4. DATE OF DEATH	Mor		Day 15	Yeor 1960
s. sex Male			HED NEVER MARRIED	] B. D/	ATE OF BIRT		1	9. AGE (In years last birthday) 88 yrs.	IF UNDER Months	-	NDER 24 HRS.
On USUAL OCCUPATION		done 10b.	KIND OF BUSINESS OR INITATION	DUSTRY	11. BIRTHPL	ACE (State	or foreign co	~ ~	12. CITI	SA .	HAT COUNTR'
	. McGee				Mary		len P	ride			
IS. WAS DECEASED EVE  Yes, no. or unknown)   NO	R IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16. ervice)		oah	W. M.					F.D.	1 Md.
Conditions, if a gove rise to i case (o), stating lying cause lost.	the under-	, D∈	egenerative	Her	art D			CONDITION GIV	/EN IN PART	Year	
PART II. OT Chron 20g. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCUR	RRED. (E	nter noture o	f injury in	Port I or Port	II of item 18.)			□ NO □
	RY Month, Doy, Ye	While	NJURY OCCURRED 20e. Not while of work	PLACE (	OF INJURY (	Home, farm bldg., etc	n, 20f. (City	or town)	(C	ounty)	(State)
21. I certify the alive on	May 15, Charles W	126	ed from Mar. O and that deco	lens.	curred at	100	ADDRESS (Sir	the causes of eet, city or town,	and on th	e date st	DATE SIGNE y 16,1
220. BURIAL, CREMATIC REMOYAL (Specify Burial	May 18.		22c. NAME OF CEMETERY Salem Met				_	on (City, town, moke Ci		Maryl	Stote) and
23. FUNERAL DIRECTOR	S SIGNATURE /	n/F	ADDRESS Pocomoke Ci	ty.	Md.		D BY REGISTR		othur &.		

may the fained by the haspital ar attending physician.

• FUN DIRECTOR: After this certificate has been signed by the attending physician and completely fithin by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye-carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUN VS A15 (4) 15M 9/55

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe-	(1)	Ü	TO FUNZAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior to burial, premation,	
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VS. A15ME(S) 5M 9/55

4	6233 ME	DICA	L EXAMINE	K 3 CE	CHICA	IE OF	DEATH	Reg. Di	st. No.	10.3
1. PLACE OF DEATH a. COUNTY	Somerset		MARYLA	0.5	The state of the s		d lived. If Institu	-	nce before	
b. CITY OR TOWN and give nearest to	(If outside corporate limits, write wn) Crisfield	RURAL	c. LENGTH OF STAY IN Lifetime	16 c. c		outside corporation	orote limits, write	RURAL and	give ne	orest town)
d. NAME OF HOSE	37 E. Ches			/d. S	REET ADDRESS 37 E	. Ches	apeake A	ve.		e. IS RESIDENCE ON A FARM? YES NO 29
3. NAME OF -DECEASED (Type or print)	First EDWIN		Middle ELLINGTON	MILBO	Losi URNE	4. DATE OF DEATH	Mont	h	28 28	Year 19 60
5. SEX Male	6. COLOR OR RACE White	7. MARRIEI	NEVER MARRIED	B. DATE O	11. 191		9. AGE (In years lost birthday) 45 yrs.	Months 1	Days	Hours Min.
10a. USUAL OCCUPA during most of wor Mechan	TION (Give kind of wark d king life, even if retired)	one 10b. Ki	nd of Business or in	DUSTRY 11. E	RTHPLACE (Siote	ar foreign co	untry)	12. CITIZ	USA	WHAT COUNTRY
13. FATHER'S NAME ELWOOD	Milbourne				HER'S MAIDEN N		y			
15. WAS DECEASED (Yes, no, or unknown)	VER IN U. S. ARMED FOR (If yes, give wer or dotes of so None	ervice)	5-05-7014	Roy Mi		37 E.	Chesape		Cris	field, M
	ATH [Enter only one cous ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e per line f	or (a), (b), and (c).]	Corona	ry Disea	se				AND DEATH
Conditions, if gove rise to Imm (o), stotling the couse last.	ediate couse		ject had Pol lower extrem				d c para	lysis		
20g, EXTERNAL C	THER SIGNIFICANT COND		HOW INSURA OCCURRE	D /Enter notice	a of injury in Re-	1 amount to	Carlbo	urn,	VI. 1	PERFORMED?
PRIMARY G or C CAUSE OF DEATH	URY Month, Day, Year	MON	Not while to ot work	PLACE OF IN factory, street	URY (Home) form	SOME	RSET CO	EXAMIN UNTYCOU	NER 新夢·	(Stote)
21. 1 certify	that I taak charge d from: Natural c	of the re	emains described	above, hel	d an Autops	y 🔲, In	spectian 🔀	, Inquir	y 🔀,	and find tha
ACTUAL	AHOOU	Por	ern	M.D.	HIEF MEDICAL EX					DATE SIGNED
	William H. C			0	EPUTY MEDICAL	EXAMINER Z		Mate		5/29/60
Burial Speci		960	Sunnyridge				ield, Mi			(State)
23. FUNERAL DIRECTO	& Sons, Cri	sfield	ADDRESS d. Md.			D BY REGISTR		strar's sig		

MEDICAL EXAMINER'S CERTIFICATE OF DEATH To all the control of the control of the second eth of referrell 1, 2 fr 1 And to the Plat they ask man a lot too 0.710 . M. . O. S. Deleto and the last Statistics and constant of the control of A CONTRACTOR OF THE PROPERTY O Server rade from the first transfer of the server of the s New Til 1980 Committee Constant Constant drangers e com article vo.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 6242 CERTIFICATE OF DEATH

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1. PLACE OF o. COUNT		Commence		MARYLAND		STATE .	-		ed. If institu	Υ _	before admission)
L CITY OF	TOWN	Somerset f autside corporate limit	te write c IEA	NGTH OF STAY IN 16			rylan		limite weite	Somer RURAL and give	
		Shelltown		ifetime	X		ellto	110 3 1	i iliniis, wille	KUKAL ONG GIVE	s neorest town;
d. NAME	OF HOSPIT	AL (If nat in haspital, g			d.	STREET AD		MTT			e. IS RESIDEN
OR INS	ITUTION	Rt. #1, Man	rion		/	Rt	. #1,	Mario	n		ON A FAR
3. NAME OF DECEASED (Type or p		JOHI		Middle	ROI	BERTS	4	DATE OF DEATH	2.0	24,	Day Year
5. SEX <b>Mal</b>	8	6. COLOR OR RACE	7. MARRIED WIDOWED TOK	_	8. DATE	OF BIRTH	186	2 9.	AGE (In years last birthdoy) 98 yrs	Manths De	YEAR IF UNDER 24 oys Hours A
0o. USUAL Conducting m	ost of work	DN (Give kind of work or king life, even if retired)		of Business OR INDI	JSTRY 11	. BIRTHPLACE	12000	fareign coun	try)	12. CITIZE	N OF WHAT COUN
3. FATHER'S	NAME				14. A	NOTHER'S M	AIDEN NA	WE	-18-	Y STEEL	
Aar	on Ro	berts				Leah	?				
Yes, no, ar unkn		R IN U. S. ARMED FOR	ervice)		INFORMA					dress	
No	1/15	None	No						, Mary		
couse (c	), stoting ouse lost.	ATH [Enter anly one can ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) Mind and the under- (c) ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (c) ATH WAS CAUSED BY: IN THE	)	BUTING TO DEATH BU							(o) 19. WAS AUTO PERFORME YES NO
20a. ACC OR CON (IF EITHE	IDENT WA	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20ь. DESCRIBE Н	OW INJURY OCCURR	ED. (Ente	r nature of	injury in Par	t I or Port II	of item 18.)	2374	
	OF INJUR o. m. p. m.	Y Month, Doy, Yeo		Not while f		INJURY (He reet, office b		20f. (City or	town)	(Cou	unty) (
21. l ce	rtify the	at (1) (this haspital	) attended th	e deceased fram	7.6		196	a.ta h	ray 2	4. 19.62	2, that (I) (we)
saw the		sed alive an			death	accurred	atN	, fram th	e causes a	ind an the a	
190	2024	e 6,6 m	ellow		M.D. P	TTENDING HYS.		CTOR 🗆	STAFF PHYS.	35	22b.DA SIG
22c. PHY	ICIAN'S	George C. (			2	2d. ADDRES		ation,	Maryl	and	V
230. 8URIAL, REMOVA Buria	CREMATIC L (Specify)	May 30, 1		enezer ME					N (City, town		(Stote) , Maryla:
	DIRECTOR	'S SIGNATURE	1	ADDRESS		1	25a. REC'D	BY REGISTRA	R 2Sb. REC	GISTRAR'S SIGN	IATURE
Brads	naw &	Sons, Cris	sfield,	Maryland			DATELLIN	2 '60	a	reling S. H	inua

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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Reg. Di	et.	No		

1. PLACE OF DEATH o. COUNTY	Sometset		MARYLA		a. STATE	DENCE (Who		d lived. If institution b. COUNTY	oni Residence	a before	odmission)
b. CITY OR TOWN (IF RURAL and give ne	outside corporate limits, arest tawn) LWOIL	write	c. LENGTH OF STAY IN	ч 16	c. CITY OR T			rote limits, write R	URAL and g	ive neares	st town)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give Smith Islan		ddress)		d. STREET A		Island				IS RESIDENCE ON A FARM? (ES NO.
3. NAME OF DECEASED (Type or print)	First AMANI		Middle WESLEY		SNEADE		4. DATE OF DEATH	May	th 8	Day	Year 19 60
5. SEX Female	6. COLOR OR RACE 7	· MARRI			Nov. 4,			9. AGE (In years last birthday) yrs.			UNDER 24 HRS. Haurs Min.
Housewi	ing life, even if retired)		At Home	INDUST	Smi	ths I	sland,			S A	WHAT COUNTRY
13. FATHER'S NAME	leorge Evans				14. MOTHER'S			Pruitt			
15. WAS DECEASED EVER	IN U. S. ARMED FORCE If yes, give war or dates of serv	cet	20-26-3666	1	ORMANT . Willi	e B. 1	Middle	ton—Smi		land,	Md.
PART I. DEAT  Conditions, if an gave rise to in	nmediote (	Acu	e for (o). (b). ond (c).]  ite Heart F,  rebral Hemon							ONSET	AL BETWEEN AND DEATH
cates (a), stating to lying cause last.  PART II. OTH	(c)_ ER SIGNIFICANT CONDI	TIONS CO	pertension  ONTRIBUTING TO DEAT		OT RELATED TO	THETERMIN	NAL DISEASI	CONDITION GIV	EN IN PART	1(a) 19.	PERFORMED?
(IF EITHER, NOTIFY	CAUSE OF DEATH		RIBE HOW INJURY OCC		(Enter nature of	Finjury in P	ort I ar Part	II of item 1B.)			ES NO X
20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Year 19	20d. IN While of work	_ Nat while _	0e. PLAC facto	E OF INJURY (Firy, street, office	bldg., etc.				aunty)	(State)
ACTUAL SIGNATURE PHYSICIAN'S	of I attended the de to the state of the sta	1960	Leffne	15 leath o	D	1 : 1 OA .	M, from	reet, city ar town,	nd on th	e date	the decease stated above DATE SIGNE
220. BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEMETI Ewell Cer		CREMATORY		22d. LOCAT	land, Mar ION (City, town, or rell, Md.		4	(State)
23. FUNERAL DIRECTOR'S		Son	ADDRESS	ld,	Md.		MAY 1 0		TRAR'S SIG		us

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06208CERTIFICATE OF DEATH Reg. Dist. No. director PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY filed MARYLAND SOMERSET SOMERSET TAR YLAND funerol b. CITY OR TOWN (If autside carporote limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 35 years P CRISFIELD CRISFIELD d. STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) ON A FARM? OR INSTITUTION EDW. MEMORIALHOSP 24 COVE STREET YES NO TH MCCREADY NAME OF 4. DATE Middle DECEASED 1960 DEATH fille STERLING (Type or print) RMA 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TNEVER MARRIED B. DATE OF BIRTH last\_birthday) Months WHITE DIVORCED | FEMALE WIDOWED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) Housewife working life, even if refired) Own home SAXIS, VIRGINIA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 5 LEWIS SPENCE ZENA CROCKETT physici 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address No unknown TRAVIS STERLING, CRISFIELD. MD. None attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which hos been signed gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH removal, PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20a. ACCIDENT WAS UNDERLYING [ certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour o. m. While Not while ot work at work May 1900 that I last saw the deceased 21. I certify that I attended the deceased from a and that death accurred at 3:05 MM from the causes and an the date stated above. ADDRESS (Street, city or town, stote)

OR:

TO FUN VS A15 (4) 15M 9/58

ACTUAL

SIGNATURE

220. BURIAL CREMATION.

NAME (Type) ROBERT

23. FUNERAL DIRECTOR'S SIGNATURE

**ADDRESS** 

22c. NAME OF CEMETERY OR CREMATORY

Private Family Cemetery

TRELAND.

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur S. Krons

MARYLAND

22d. LOCATION (City, town, or county)

Crisfield, Maryland

Year

(Stote)

Bradshaw & Sons. Crisfield, Maryland

13, 1960

DATE MAY 1 6 '60

&RISFIELD

CRISFIELD.

F263 TO SERVICE THE PROPERTY OF THE PERSON AND IN THE LOUIS SPEAK STORE relative to the control of the contr CHARLEST CONTRACTOR THE WASTERS CONTRACTOR OF THE PROPERTY OF THE chiffyin and their posters to experient over the

B. IS RESIDENCE

ON A FARM?

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PERFORMED? YES T NO T

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DATE SIGNED

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1960

VS A15 (4) 15M 10/57

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06210 **CERTIFICATE OF DEATH** 0010

	0645				Keg.	Dist. No.
1. PLACE OF DEATH			2. USUAL RESIDENCE (M	Vhere deceased lived	. If institution: Resid	lence befare admission)
Si	OMERSET	MARYLAND	7.//	LAND	L. COUNTY SOM	TER SE T
b. CITY OR TOWN RURAL and give i	(If autside carporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	autside carporate li	mits, write RURAL an	d give nearest tawn)
O.	TSFTELD	79 YRS.	39 CRIS	SFIELD		
d. NAME OF HOSP OR INSTITUTION EDW. W.	ITAL (If not in hospital, give street  MCCREADY ME	oddress) MO.HOSP.	d. STREET ADDRESS	SECOND	ST.	e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	First E.L.L.A	Middle	TAWES	4. DATE OF DEATH	Manth MAY	Day Year 20 196
5. SEX FEMALE	6. COLOR OR RACE 7. MAR WIDOW		8. DATE OF BIRTH 12-16-18	9. AG	E (In years t birthday)  79 yrs.  IF UND  Manth:	ER 1 YEAR IF UNDER 24 H
during most of wa Housewife	ON (Give kind af wark dane 10b. rking life, even if retired)	Own Home	STRY 11. BIRTHPLACE (State		12.0	U.S.A.
13. FATHER'S NAME	JOHN W. PARK	(S	14. MOTHER'S MAIDEN	NAME ABETH S	OMERS	
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service) None		ORMAN TAWE	ES, CR.	Address USFIELD	, MARYLAN
Canditians, if gave rise to cause (a), stating lying cause last	immediate DUE TO	oneralize	d arter	riosch	rosis	
PART II. OT	CHRONICO	cardiac	decomp	onsat	ron	ART 1(a) 19. WAS AUTOI PERFORMED YES NO
200. ACCIDENT WOR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in	n Part I ar Part II af	item 18.)	
20c. TIME OF INJU Hour a. m. p. m.	While	- L	ACE OF INJURY (Hame, far ctary, street, affice bldg., et	m, 20f. (City ar tartc.)	wn)	(Caunty) (St
ACTUAL SIGNATURE	hat I attended the decear	1 12 -	, 19,00, to 2 accurred at/2,53 M.D. MA.	ADDRESS (Street, o	causes and an t	DATE SIG
22a. BURIAL, CREMATIO	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C			City, tawn, ar county	
REMOVAL (Specify	5/22/60	Sunnyridge C	emetery	Crisfie	eld, Md.	
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S	
Bradshaw	& Sons, Crisfi	eld, Md.	DATEV	31'60	arilun S. 1	Kraus

THE PRINCE OF PERSONS AND PERSONS ASSESSED. 2.00 Burg. I. Committee at No. 1500. m 8 9 1 00 1-51-11 AVE TYPE Many Committee of the C maker in . action . and a rest to a fire the contract The second of th Market Committee of the Committee of the

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

	1. PLACE OF DEATH a. COUNTY SOMERSET	MARYLAND	o. STATE	(Where deceased lived	If institution: Re	SOMER S	admission) SET
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN	(If autside carporate lin	nits, write RURAL	ond give neare	est town)
	d NAME OF HOSPITAL (If not in benefits) give street address)	YRS.	d. STREET ADDRE	ISFIELD			IS RESIDENCE
1	EDW. W. McCREADY MEMO. Ho.	SP.	d. STREET ADDRE		RTH STH	7777777	ON A FARM? YES NO
	(Type or print) EMMA JANE		Lost HITTING T	ON DEATH MA	Month 4 Y	Doy	Year 19 60
	S. SEX  6. COLOR OR RACE  7. MARRIED NEVER  FEMALE NEGRO WIDOWED DI	MARRIED   E	3-31-1		E (In years   IF Ut birthday)   Mon		Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife  Own home	NESS OR INDUS	3.0	State ar foreign country)  AR YLAND	12		VHAT COUNTRY?
	13. FATHER'S NAME  JOHN MARSHALL		14. MOTHER'S MAID		VKLEY		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) None		HELMA LO.	NGMIRES,	CRISF.	TELD,	MD.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)  DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost.  CAUCHOOM  (c)  CAUCHOOM  (c)	mtesti in Ja	undece	win Mila	stacis	S S	Clays
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OR CONTRIBUTING  OR CONTRIBUTING  CAUGH OR CONTRIBUTING  CAUGH OR CONTRIBUTING  CAUGH CIFE EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING  CAUGH CAUG	Die	ibites M.	el Cetus	DITION GIVEN IN		WAS AUTOPSY PERFORMED? YES NO
		URY OCCURRED	), (Enter noture of injur	y in Port I or Part II of	item 1B.)		
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURR Haur o. m. 19 While Not while at work at work	600	CE OF INJURY (Home, tory, street, office bldg	farm, , etc.)	vn)	(County)	(State)
	ACTUAL GENT BENT	that death	~	45MAIM the c ADDRESS (Street, c SFIELD,	auses and ar	the date :	the deceased stated abave. DATE SIGNED
	PHYSICIAN'S A. N. BARR, M.D.  220. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME O			SFIELD,			
	REMOVAL (Specify)	F CEMETERY OR	Cemetery	22d. LOCATION (	ld, Mary	.,	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bradshaw & Sons, Crisfield, Maryl	and	24a. DATI	REC'D BY REGISTRAR MAY 6 '60	24b. REGISTRAR	'S SIGNATURE	

VS A1S (4) 1SM 9/5B

COAT TENTE ATE OF DEATH THE REPORT OF THE PARTY SALES THE STATE OF THE S T. 14 | 1681-16-2 THE PERSON NAMED IN STREET TYNATELEN OFFICER THE STATE OF THE S DEPOSITE LESS TOTALES to the state of th